

Best Available Copy

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ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>10/22/89</i>
O.I.P.E. CLASSIFIER		<i>71634</i>	<i>10/26/89</i>
FORMALITY REVIEW			<i>11/5/89</i>

INDEX OF CLAIMS

Rejected N
Allowed I
(Through numeral) Canceled A
Restricted O

Non-elected
Interference
Appeal
Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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